



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2936		Client Name O. H. METALS				Location 1002 Oswego ST				Date 3/11/87							
Facility Equipment 1		Detex Clock 1		Weapon No. —		Holster —		Nightslick —		Raincoat 1		Flashlight 1		Other 3 Keys, Log Book & Phone			
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Robert Dealing				Officer—Swing Shift (Name) ofc Del Vecchio				Officer—Grave Shift (Name) Dick Horkoski			
Shift Began 8 AM Ended 4 AM						Shift Began 4 AM Ended 12 PM						Shift Began 12 AM Ended 8 AM					
Observations or actions taken						Observations or actions taken						Observations or actions taken					
Rounds or stations missed						Rounds or stations missed						Rounds or stations missed					
Unlocked doors, gates or windows						Unlocked doors, gates or windows						Unlocked doors, gates or windows					
Unlocked vaults or safes						Unlocked vaults or safes						Unlocked vaults or safes					
Fire-smoke-or hazards						Fire-smoke-or hazards						Fire-smoke-or hazards					
1. Extinguishers missing or defective						1. Extinguishers missing or defective						1. Extinguishers missing or defective					
2. Sprinkler system defective						2. Sprinkler system defective						2. Sprinkler system defective					
3. Fire doors or exits blocked						3. Fire doors or exits blocked						3. Fire doors or exits blocked					
4. Rubbish accumulation						4. Rubbish accumulation						4. Rubbish accumulation					
5. Motors running						5. Motors running						5. Motors running					
6. Lights left burning						6. Lights left burning						6. Lights left burning					
Injury hazards						Injury hazards						Injury hazards					
Visitors						Visitors						Visitors					
Trespassing						Trespassing						Trespassing					
Violation of company rules						Violation of company rules						Violation of company rules					
Remarks John Saupp STOPED Did NOT recognize car By Trailer checking TO see who was here. Also About moving of John. (RD)																	
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																	
1. Were you injured during this tour?						2. Were you injured during this tour?						3. Were you injured during this tour?					
2. Did you suffer any illness?						2. Did you suffer any illness?						2. Did you suffer any illness?					
3. Have you reported all accidents coming to your attention?						3. Have you reported all accidents coming to your attention?						3. Have you reported all accidents coming to your attention?					
Signatures 1 Robert Dealing						Signatures 1 ofc Del Vecchio						Signatures 1 Dick Horkoski					
Signatures 2						Signatures 2						Signatures 2					
Signatures 3						Signatures 3						Signatures 3					

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